

REPORT COVERING:	FOR OFFICE USE ONLY Postmark Date
JANUARY 1 chrough JUNE 30, DUE BY AUGUST 15	2050071
JANUARY 1 through DECEMBER 31, DUE BY FEBRUARY 15	
I. Name: Withers John B	
2. Business Address: 2859 Pacer Ferry Rd. Ste 2125 GA 30339	·
Street and No. City State Zip  Mailing Address:	•
3. Business Phone: (800) 438 -4284  Area Code and Telephone Number	
1. Employer: Donaldson & Co	ETHUS CAMP M 2004 DEC
5. Employer's address: Street and No. City State Zip	91.03 91.03 91.03 91.03 91.03 91.03 91.03
Surect and Mo.	PA CENTRAL
fi. Did you make an expenditure exceeding \$50 on one occasion for a retirement system official:	RATION AMCE DIE 21
From July 1 through June 30?  Yes No No NA NA	
If the answer to either question in Number 6 above is YES, complete Schedule A and attach.	
7. Did you make expenditures exceeding the sum of \$250 for a retirement system official:	
From January 1 through June 307 Yes No No NA.	
If the answer to either question in Number 7 above is YES, complete Schedule A and attach.	

Page 1 of \_\_\_

8. PROVIDE BELOW (a) the name of the state or statewide public retirement system; (b) the aggregate total of all expenditures attributable to the retirement system made during the January 1 - June 30 reporting period; (c) the aggregate total of all expenditures attributable to the retirement system made during the July 1 - December 31 reporting period when applicables (d) the aggregate total of all expanditures thade in a calendar year attributable to the retirement system. Louisiana State Police Retirement System Name of Retirement System: b. Total of all expenditures made January 1 through June 30: c. Total of all expenditures made July 1 through December 31: (When applicable) d. Total of all expenditures made during the calendar year. a. Name of Retirement System: b. Total of all expenditures made January 1 through June 30: c. Total of all expenditures made July 1 through December 31: (When applicable) Total of all expenditures made during the calendar year. Name of Retirement System: b. Total of all expenditures made January 1 through June 30: c. Total of all expenditures made July 1 through December 31: (When applicable) d. Total of all expenditures made during the calendar year; CERTIFICATION OF ACCURACY I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; that all reportable expenditures have been included herein; and that no information required by LSA-R.S. 42:1114.2 has been deliberately omitted. Signature of Filer

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Form 406, Rev. 8/04

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	NAME OF GROUP AND ADDRESS OF THE PARTY OF TH	S. AMOUNT OF	4. AMDUNTOF	S. TOTAL OF
OPPICIAL'S NAME	2. Name of Retirement System	S. AMOUTURES MADE ON AN OFFICIAL FOR WHOM YOU EITHER SPENT OVER \$50 ON ONE OCCASION OR MADE EXPENDITURES EXCEEDING \$250 BETWEEN LANUARY 1 AND JUNE \$0	EXPENDITURES MADE CN AN OFFICIAL FOR WHOM YOU ETTER SPENT OVER \$50 ON ONE OCCASION OR MADE EXPENDITURES EXCESDING \$250 BETWEEN JULY 1 AND DECEMBER 31	COLUMNS 3 AND 4
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Page \_\_\_\_\_ of \_\_\_\_